

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 868345 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		—			
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TOTAL IND.			+			
TOTAL DEP.				↓		
TOTAL CLAIMS			+			

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.		6	
TOTAL DEP.		20	
TOTAL CLAIMS		20	